

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **33914**

SEP 18 1952

BIRTH NO. _____		REG. DIST. NO. <b>326</b>		PRIMARY REG. DIST. NO. <b>4482</b>		Registrar's No. <b>21</b>	
1. PLACE OF DEATH a. COUNTY <b>SCOTLAND</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>KNOX</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>MEMPHIS</b>		c. LENGTH OF STAY (in this place) <b>1 yr</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>GREENSBURG</b>		<b>05-2</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <b>1</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>MARY</b>		b. (Middle) <b>ELIZABETH</b>		c. (Last) <b>RICE</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>AUG 29 1952</b>		5. SEX <b>F</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	
8. DATE OF BIRTH <b>AUG 16, 1857</b>		9. AGE (In years last birthday) <b>95</b>		10. MONTHS <b>95</b>		11. DAYS <b>95</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSE KEEPING</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>BROWNING ILL.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>	
13a. FATHER'S NAME <b>ALEXANDER ROBERTSON</b>		13b. MOTHER'S MAIDEN NAME <b>SARAH SCOTT</b>		13c. NAME OF HUSBAND OR WIFE <b>GEORGE W. RICE</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Ade Rice</b>		ADDRESS <b>MEMPHIS</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Myocarditis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>4 years</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4222</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Memphis Mo</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>Aug 26, 1952</b> to <b>Aug 29, 1952</b> ; that I last saw the deceased alive on <b>Aug 29, 1952</b> , and that death occurred at <b>11:30 AM</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>L. E. Lowe Do.</b>				23b. ADDRESS <b>Memphis Mo</b>		23c. DATE SIGNED <b>9/16/52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>8-31-1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>GREENSBURG</b>		24d. LOCATION (City, town, or county) (State) <b>GREENSBURG Mo</b>	
DATE REC'D BY LOCAL REG. <b>9/16/52</b>		REGISTRAR'S SIGNATURE <b>Vern B. Turner</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>H. Wayne &amp; Sons</b>		ADDRESS <b>Memphis</b>	

(Licensed Embalmer's Statement on Reverse (54))

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Neal Payne*

Licensed Embalmer No. *2550*

P. O. Address *Memphis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.